



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: FAYETTE MEMORIAL HOSPITAL ASSOCIATION, INC.

City of Hospital: CONNERSVILLE

Year Begin: 10/01/2011 (mm/dd/yyyy format)

Year End: 09/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0064

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$29526033	Contractual Allowance	\$59362454
Outpatient Patient Service Revenue	\$84334654	Other Deductions	\$0
Total Gross Patient Service Revenue	\$113860687	Total Deductions	\$59362454

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$54498233
Other Operating Revenue	\$2724617
Total Operating Revenue	\$57222850

#### 4. Operating Expenses

Salaries and Wages	\$24095009	Employee Benefits	\$5365291
Depreciation and Amortization	\$2887736	Interest Expense	\$1341405
Bad Debt	\$5649122	Other Expenses	\$18373342
Total Operating Expenses	\$57711905		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-489055	Total Assets	\$55281497
Net Non-operating Gains over Loss	\$2169171	Total Liabilities	\$29876451
Total Net Gains	\$1680116		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$39916091	\$32645388	\$7270703
Medicaid	\$21303280	\$13689400	\$7613880
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$28094950	\$2730590	\$25364360
Total	\$89314321	\$49065378	\$40248943

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$14544	\$14544	\$0

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

### Statement Six: Charity Statement

Hospital Charity Charges	\$5847741
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$92021	\$309345	
HCI Payments	\$0		
Subtotal	\$92021	\$309345	\$-217324
Medicaid Shortfalls	\$7613880	\$444428	
Subtotal	\$7705901	\$753773	\$6952128
DSH Payments	\$0		
Subtotal	\$7705901	\$753773	\$6952128
Medicare Shortfalls	\$7270703	\$1578	
Other Government Programs	\$14976604	\$769562	
Total	\$29953208	\$1524913	\$28428295

### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0